(Independent Qualified Persons)

PO Box 522 Timaru 7940 Phone: 03 687 7200 Fax 03 687 7209

P:\COMPLAINT FORM (IQP).doc

### COMPLAINT FORM INDEPENDENT QUALIFIED PERSONS (IQP)

You must use this form to complain to the South Island IQP registration panel about the conduct of an IQP. Your complaint must relate to a person who is a current IQP.

Send to:	Email to:
South Island IQP	Fax to: 0
C/- Timaru District Council	Or persor
PO Box 522	Timaru Dis
TIMARU 7940	2 King Ge
	TIMARU

Email to: iqpenquiry@timdc.govt.nz Fax to: 03 687 7200 Dr personally handed in at: Fimaru District Council & King George Place

### PART 1: YOUR DETAILS

Title:	Mr O	Mrs O	Miss	0	Ms	0
Surname:						
First Names	:					
Company na	ame (if ap	plicable)	:			
Street Addre	ess:					
Suburb:						
Town/City:						Post Code:
Postal Address (if different from above):						
Suburb:						
Town/City:						Post Code
Daytime pho	one numb	er:()		Mot	oile ph	none number:
Email addre	SS:					

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PART 2: WHEN AND WHERE THE V DONE	VORK COMPLAINED ABOUT WAS
IF APPLICABLE)	
Specific date(s) work undertaken:	
Street address:	1 Lviz
Suburb:	
Town/City	
Are you the owner of this property?	Yes O No O
Name of owner (if not yourself):	
Owner's phone number: ( )	Owner's mobile number:
Owner's email address:	

### PART 3: DETAILS OF THE IQP YOU ARE COMPLAINING ABOUT

Title: Mr O Mrs O Miss of	O Ms O				
Surname:					
First Names:					
Company name (if applicable):					
Street Address:					
Suburb:					
Town/City:	Post Code:				
Postal Address (if different from above):					
Suburb:					
Town/City:	Post Code				
Daytime phone number: ( )	Mobile phone number:				
Email address:					
IQP number (if known):					

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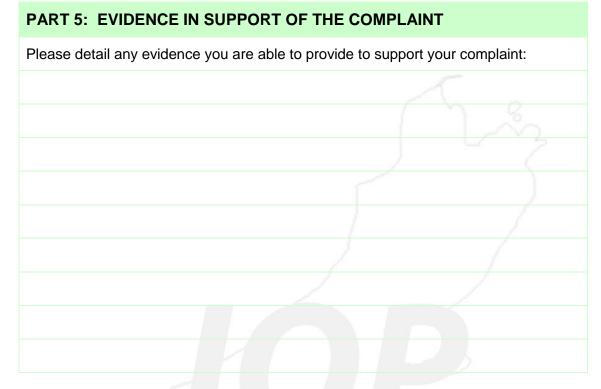
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NOTE: Please attach further details on a separate piece of paper if there is insufficient room above.

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NOTE: Please attach copies of any evidential documents and/or photographs to support your complaint.

### PART 6: STEPS TAKEN TO RESOLVE THE COMPLAINT

Please detail what steps you have already taken to resolve the complaint:

NOTE: Attach copies of any evidential documents and/or photographs to support your complaint.

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PART 8. WITNESS(ES), IF ANY
Witness 1
Title: Mr O Mrs O Miss O Ms O
Surname:
First Names:
Company name (if applicable):
Role in project:
Street Address:
Suburb:
Town/City: Post Code:
Postal Address (if different from above):
Suburb:
Town/City: Post Code
Daytime phone number: ( ) Mobile phone number:
Email address:
Outline the points of note the witness observed in relation to your complaint:

NOTE: A witness is anyone (other than yourself) who observed the inspection being carried out, and/or the finished inspection and/or was a party to any discussions relating to the alleged non-compliance.

Please provide details of further witnesses on a separate piece of paper if you have more than one witness.

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#### **PART 9: ATTACHMENTS**

How many photos are attached to this form?

How many extra sheets of paper are attached to this form?

Have you attached anything else to this form - if so what?

### PART 10: DECLARATION

I agree to all documentation relating to this complaint being released to all parties involved, and declare that the information I have supplied in this form is true and correct. I understand that it is an offence under the Building Act 2004 to provide false or misleading information.

Signature:

Date:

#### PLEASE NOTE

Complaints may lead to IQP being withdrawn from the IQP register but the SIIQPR (South Island Independent Qualified Persons Register) can not award compensation or reparation.

Your complaint must be in writing and provide enough information to enable the complaint to be investigated. Anonymous complaints cannot be investigated.

All the documentation relating to this complaint will be released to all parties involved in the complaint and the respondent will be invited to provide evidence to support their position.